



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7005 0390 0006 1222 1774

August 2, 2006

Robert Manor, Administrator
Woodland Manor
610 Summit Drive
Fairmont, MN 56031

Re: Licensing Follow Up visit

Dear Mr. Manor:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on July 19 and 21, 2006.

The documents checked below are enclosed.

- ☒ Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- ☐ MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- ☐ Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive, flowing style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Martin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

06/06 FPC1000CMR

**Minnesota Department Of Health
Health Policy, Information and Compliance Monitoring Division
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: WOODLAND MANOR

DATE OF SURVEY: 07/19/2006, 7/21/2006

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
ALHCP

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Michelle Radcliff, RN

SUBJECT: Licensing Survey _____ Licensing Order Follow Up #1

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to followup on the status of state licensing orders issued as a result of a visit made on December 9, 12, and 13, 2006. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference. The status of the Correction orders is as follows:

- | | |
|-----------------------------------|-----------|
| 1. MN Rule 4668.0065 Subp. 1 | Corrected |
| 2. MN Rule 4668.0815 Subp. 2 | Corrected |
| 3. MN Rule 4668.0825 Subp. 2 | Corrected |
| 4. MN Rule 4668.0865 Subp. 2 | Corrected |
| 5. MN Statute §144A.46 Subd. 5(b) | Corrected |



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7004 1160 0004 8711 9793

February 28, 2006

Robert Lake, Administrator
Woodland Manor
610 Summit Drive
Fairmont, MN 56031

Re: Results of State Licensing Survey

Dear Mr. Lake:

The above agency was surveyed on December 9, 12, and 13, 2005 for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please feel free to call our office with any questions at (651) 215-8703.

Sincerely,

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Randy Quiring, President Governing Body
Martin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Jocelyn Olson, Attorney General Office
CMR File

CMR 3199 6/04



Assisted Living Home Care Provider
LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use the Licensing Survey Form during an on-site visit to evaluate the care provided by Assisted Living home care providers (ALHCP). The ALHCP licensee may also use the form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate to MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview ALHCP staff, make observations, and review some of the agency's documentation. The nurses may also talk to clients and/or their representatives. This is an opportunity for the licensee to explain to the MDH nurse what systems are in place to provide Assisted Living services. Completing the Licensing Survey Form in advance may expedite the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance box. This form must be used in conjunction with a copy of the ALHCP home care regulations. Any violations of ALHCP licensing requirements are noted at the end of the survey form.

Name of ALHCP: WOODLAND MANOR

HFID # (MDH internal use): 20996

Date(s) of Survey: December 9, 12, and 13, 2005

Project # (MDH internal use): QL20996002

Indicators of Compliance	Outcomes Observed	Comments
1. The agency only accepts and retains clients for whom it can meet the needs as agreed to in the service plan. (MN Rules 4668.0050, 4668.0800 Subpart 3, 4668.0815, 4668.0825, 4668.0845, 4668.0865)	Each client has an assessment and service plan developed by a registered nurse within 2 weeks and prior to initiation of delegated nursing services, reviewed at least annually, and as needed. The service plan accurately describes the client's needs. Care is provided as stated in the service plan. The client and/or representative understands what care will be provided and what it costs.	<div> <input type="checkbox"/> Met </div> <div> <input checked="" type="checkbox"/> Correction </div> <div> <input type="checkbox"/> Order(s) issued </div> <div> <input checked="" type="checkbox"/> Education provided </div>

Indicators of Compliance	Outcomes Observed	Comments
2. Agency staff promote the clients' rights as stated in the Minnesota Home Care Bill of Rights. (MN Statute 144A.44; MN Rule 4668.0030)	No violations of the MN Home Care Bill of Rights (BOR) are noted during observations, interviews, or review of the agency's documentation. Clients and/or their representatives receive a copy of the BOR when (or before) services are initiated. There is written acknowledgement in the client's clinical record to show that the BOR was received (or why acknowledgement could not be obtained).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> Provided
3. The health, safety, and well being of clients are protected and promoted. (MN Statutes 144A.44; 144A.46 Subd. 5(b), 144D.07, 626.557; MN Rules 4668.0065, 4668.0805)	Clients are free from abuse or neglect. Clients are free from restraints imposed for purposes of discipline or convenience. Agency staff observe infection control requirements. There is a system for reporting and investigating any incidents of maltreatment. There is adequate training and supervision for all staff. Criminal background checks are performed as required.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> provided
4. The agency has a system to receive, investigate, and resolve complaints from its clients and/or their representatives. (MN Rule 4668.0040)	There is a formal system for complaints. Clients and/or their representatives are aware of the complaint system. Complaints are investigated and resolved by agency staff.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> provided
5. The clients' confidentiality is maintained. (MN Statute 144A.44; MN Rule 4668.0810)	Client personal information and records are secure. Any information about clients is released only to appropriate parties. Permission to release information is obtained, as required, from clients and/or their representatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input checked="" type="checkbox"/> Education <input type="checkbox"/> provided
6. Changes in a client's condition are recognized and acted upon. (MN Rules 4668.0815, 4668.0820, 4668.0825)	A registered nurse is contacted when there is a change in a client's condition that requires a nursing assessment or reevaluation, a change in the services and/or there is a problem with providing services as stated in the service plan. Emergency and medical services are contacted, as needed. The client and/or representative is informed when changes occur.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction <input type="checkbox"/> Order(s) issued <input type="checkbox"/> Education <input type="checkbox"/> provided

Indicators of Compliance	Outcomes Observed	Comments
7. The agency employs (or contracts with) qualified staff. (MN Statutes 144D.065; 144A.45, Subd. 5; MN Rules 4668.0070, 4668.0820, 4668.0825, 4668.0030, 4668.0835, 4668.0840)	Staff have received training and/or competency evaluations as required, including training in dementia care, if applicable. Nurse licenses are current. The registered nurse(s) delegates nursing tasks only to staff who are competent to perform the procedures that have been delegated. The process of delegation and supervision is clear to all staff and reflected in their job descriptions.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education Provided
8. Medications are stored and administered safely. (MN Rules 4668.0800 Subpart 3, 4668.0855, 4668.0860)	The agency has a system for the control of medications. Staff are trained by a registered nurse prior to administering medications. Medications and treatments administered are ordered by a prescriber. Medications are properly labeled. Medications and treatments are administered as prescribed. Medications and treatments administered are documented.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided <input type="checkbox"/> N/A
9. Continuity of care is promoted for clients who are discharged from the agency. (MN Statute 144A.44, 144D.04; MN Rules 4668.0050, 4668.0170, 4668.0800, 4668.0870)	Clients are given information about other home care services available, if needed. Agency staff follow any Health Care Declarations of the client. Clients are given advance notice when services are terminated by the ALHCP. Medications are returned to the client or properly disposed of at discharge from a HWS.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input type="checkbox"/> Education provided <input type="checkbox"/> N/A
10. The agency has a current license. (MN Statutes 144D.02, 144D.04, 144D.05, 144A.46; MN Rule 4668.0012 Subp.17) <u>Note:</u> MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.	The ALHCP license (and other licenses or registrations as required) are posted in a place that communicates to the public what services may be provided. The agency operates within its license(s).	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Correction Order(s) issued <input checked="" type="checkbox"/> Education provided

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other violations may be cited depending on what systems a provider has or fails to have in place and/or the severity of a violation. Also, the results of the focused licensing survey may result in an expanded survey where additional interviews, observations, and documentation reviews are conducted.

Survey Results:

_____ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met and/or education provided, list the number, regulation number, and example(s) of deficient practice noted:

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0815 Subp. 2 Annual review of the service plan	X	X	<p>Based on record review and interview, the licensee failed to ensure that a registered nurse (RN) reviewed and/or revised the client's service plan at least annually for one of four clients' (A1) records reviewed. The findings include:</p> <p>Client A1's service plan was dated September 2004. There was no indication that the RN had reviewed and/or revised client A1's service plan after September 2004. When interviewed, December 9, 2005, the RN indicated that she was not aware that service plans had to be reviewed annually.</p> <p><u>Education:</u> provided</p>
#1	MN Rule 4668.0825 Subp. 2 Delegated nursing service before the service plan	X	X	<p>Based on record review and interview the licensee failed to develop a service plan for providing services, before delegating nursing services for one of two clients' (A2) records reviewed. The findings include:</p> <p>Client A2 began receiving services in January 2005, and the patient care attendant administered medications at 5 p.m. and 9 p.m. on January 21, 2005. The service plan was dated January 22, 2005. When interviewed December 13, 2005, the registered nurse indicated that client A2 had received delegated nursing services before the service plan was done.</p> <p><u>Education:</u> provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#1	MN Rule 4668.0865 Subp. 2 Central storage on service plans	X	X	<p>Based on record review and interview, the licensee failed to have a registered nurse (RN) conduct a nursing assessment of the client's functional status and need for central medication storage for four of four clients' (A1, A2, B1, and B2) records reviewed. The findings include:</p> <p>Client A1 began receiving services including central storage of medications in 2002. The client's service plan dated September 2004, did not indicate that client A1's services included central storage of medications.</p> <p>Client A2 began receiving services including central storage of medications in January 2005. The client's service plan dated January 22, 2005, did not include central storage of medications.</p> <p>Client B1 began receiving services including central storage of medications in October 2005. The client's service plan dated October 25, 2005 did not include central storage of medications.</p> <p>Client B2 began receiving services including central storage of medications in November 2005. The client's service plan dated November 1, 2005, did not include central storage of medications.</p> <p>When interviewed, December 12, 2005, the registered nurse indicated all of the clients received central storage of medications, but she had been unaware that central storage had to be listed on the service plans.</p> <p><u>Education:</u> Provided</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#3	MN Rule 4668.0065 Subp. 1 TB testing	X	X	<p>Based on record review and interview, the licensee failed to ensure that tuberculosis screening was completed every 24 months for two of five employees' (BA and BB) records reviewed. The findings include:</p> <p>Employee BA was hired in 1995, for independent living and in 2005, for housing with services as a direct care staff. The record contained documentation of a negative Mantoux from 2002. There was no other documentation of Mantoux testing. When interviewed, December 12, 2005, the director confirmed that there were no further Mantoux test results in the record and verified that employee BA had been due for a Mantoux test in 2004.</p> <p>Employee BB was hired in 1988, for independent living and in 2005, for housing with services as a director. The record contained documentation of a negative Mantoux from 2003, and 2005, which was approximately three months late. When interviewed December 12, 2005, the registered nurse confirmed that employee BB had direct client contact and the Mantoux test had been late.</p> <p><u>Education:</u> Provided</p>
#3	MN Statute §144A. 46 Subd. 5(b) Background studies	X	X	<p>Based on record review and interview the licensee failed to obtain background studies for two of five employees' (BA and BB) records reviewed. The findings include:</p> <p>Employees BA and BB were hired in 1995 and 1988, respectively for independent living. Both remained as employees with direct client contact when the building was licensed for housing with services in July 2005. Their records lacked evidence that a</p>

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
				background study had been completed. When interviewed, November 12, 2005, the registered nurse verified that both employee BA and BB lacked background studies. <u>Education:</u> Provided
#1	MN Rule 4668.0865 Subp. 9 Schedule 2 drugs and locked box, med room open		X	<u>Education:</u> provided
#1	MN Rule 4668.0815 Subp. 4 Contingency plan		X	<u>Education:</u> provided
#1	MN Rule 4668.0845 Subp. 2 Supervision schedule		X	<u>Education:</u> provided
#3	MN Statute §626.557 Subd. 14 Detail on abuse prevention plan		X	<u>Education:</u> provided
#5	MN Rule 468.0810 Subp. 5 Sign and date all information		X	<u>Education:</u> provided
#7	MN Rule 4668.0820 Subp. 4 Procedures in client record		X	<u>Education:</u> provided
#7	MN Rule 4668.0835 Subp. 3 Separate time for staff meetings		X	<u>Education:</u> provided
#7	MN Rule 4668.0840 Subp. 3 New Guide to Home Care Services		X	<u>Education:</u> provided
#8	MN Rule 4668.0855 Subp. 9 Name of medications		X	<u>Education:</u> provided

Indicator of Compliance	Regulation	Correction Order Issued	Education provided	Statement(s) of Deficient Practice/Education:
#8	MN Rule 4668.0855 Subp. 2 Assessment		X	<u>Education:</u> provided
#8	MN Rule 4668.0860 Subp. 6		X	<u>Education:</u> provided
#10	MN Rule 4668.001 Subp. 17 Posting of license		X	<u>Education:</u> provided
#10	MN Statute §144D.04 Subd. 2 17 point contract incomplete		X	<u>Education:</u> provided
	Web sites		X	<u>Education:</u> provided

A draft copy of this completed form was left with Sue Owens, RN at an exit conference on December 13, 2005. Any correction orders issued as a result of the on-site visit and the final Licensing Survey Form will arrive by certified mail to the licensee within 3 weeks of this exit conference (see Correction Order form HE-01239-03). If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 215-8703. After supervisory review, this form will be posted on the MDH website. General information about ALHCP is also available on the website:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/alhcp/alhcpsurvey.htm>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes) <http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).

(Form Revision 7/04)